



Serving the People of California

This form will be the basic record of YOUR ACCOUNT. **DO NOT FILE THIS FORM UNTIL YOU HAVE PAID WAGES WHICH EXCEED \$100.00.** Please read the **INSTRUCTIONS** on the back before completing this form. **PLEASE PRINT OR TYPE.** Return this form to:

EMPLOYMENT DEVELOPMENT DEPARTMENT
TAX STATUS & EXAM GROUP, MIC 28
P.O. BOX 826880
SACRAMENTO CA 94280-0001
(916) 654-7041 / FAX (916) 654-9211

DE 1NP REGISTRATION FORM FOR NON-PROFIT EMPLOYERS

D E P T U S E	ACCOUNT NUMBER								QUARTER		ETCSO		FED CODE		ON-LINE PROCESS DATE		TAS CODE	

A. BUSINESS NAME				DATE BEGAN OPERATING MONTH: DAY: YEAR:		FEDERAL I.D. NUMBER		
B. ORGANIZATION OR CORPORATION NAME						CALIFORNIA CORP. I.D. NO.		
List all officers names			TITLE Indicate officer title		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER	
C. BUSINESS LOCATION Street and Number (see instructions)				CITY OR TOWN		STATE	ZIP CODE	COUNTY
MAILING ADDRESS (in care of P.O. Box or Street and Number)				CITY OR TOWN		STATE	ZIP CODE	PHONE NUMBER ()
D. HAS THE ORGANIZATION EVER BEEN REGISTERED WITH THE DEPARTMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES			IF YES, ENTER EMPLOYER ACCOUNT NUMBER, BUSINESS NAME AND ADDRESS ACCT NO. BUSINESS NAME ADDRESS					
E. Indicate first quarter and year in which wages exceeded \$100. <input type="checkbox"/> Jan.-Mar. 19__ <input type="checkbox"/> Apr.-June 19__ <input type="checkbox"/> July-Sept. 19__ <input type="checkbox"/> Oct.-Dec. 19__						F. Will you be subject to Federal monthly/semi-weekly deposits? <input type="checkbox"/> No <input type="checkbox"/> Yes		
G. ORGANIZATION TYPE <input type="checkbox"/> (CP) CORPORATION <input type="checkbox"/> (AS) ASSOCIATION <input type="checkbox"/> (OT) OTHER (Specify) _____			Number of Employees		H. Would you like information on the following Unemployment Insurance alternative financing methods? <input type="checkbox"/> No <input type="checkbox"/> Cost of Benefits			
I. EMPLOYER TYPE <input type="checkbox"/> (02) Non Profit <input type="checkbox"/> (03) Non Profit 501 C3 <input type="checkbox"/> (04) Non Profit School <input type="checkbox"/> (10) Church <input type="checkbox"/> (20) Red Cross			J. Briefly describe your non-profit activity.					
K. CONTACT PERSON FOR BUSINESS			NAME			ADDRESS		PHONE ()
L. SUPPORTIVE SERVICES If you are part of a larger organization and you are primarily engaged in providing supportive services to other establishments of the larger organization, check one of these boxes. (1) <input type="checkbox"/> Control Administrative (headquarters, etc.) (3) <input type="checkbox"/> Storage (warehouse) (5) <input type="checkbox"/> Does not apply (2) <input type="checkbox"/> Research, development, or testing (4) <input type="checkbox"/> Other (specify) _____								
M. Is this a(n): <input type="checkbox"/> New business <input type="checkbox"/> On-going business just purchased (<input type="checkbox"/> All <input type="checkbox"/> Part) <input type="checkbox"/> Other _____ <input type="checkbox"/> Change in form — (incorporation, merger, etc.) IF THE BUSINESS WAS PREVIOUSLY OWNED, PROVIDE THE FOLLOWING INFORMATION: Previous Owner Business Name Purchase Price Date of Transfer EDD Account Number								
N. DECLARATION These Statements are hereby declared to be correct to the best knowledge and belief of the undersigned. Signature _____ Date _____ Residence Phone () Title _____ Residence Address _____ (Officer, Administrator, etc.) Street City State ZIP Code								

INSTRUCTIONS FOR DE 1NP REGISTRATION FORM FOR NON-PROFIT EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within **fifteen (15) calendar days** after paying over \$100 in wages for employment in a calendar quarter, or whenever a change in ownership occurs. Complete this DE 1NP and mail to the address shown at the top of this form.

- A. BUSINESS NAME** — Give the name by which your business is known to the public. Enter "None" if no business name is used. Enter the date the new ownership began operating. Enter Federal Employer Identification Number(s). If not assigned, enter "Applied For."
- B. ORGANIZATION OR CORPORATION NAME** — Enter name of the organization or corporation. If business is a corporation, enter exactly as spelled and registered with the Secretary of State, include California corporate identification number. Enter the full given name, middle initial, surname, title, social security account number, and driver's license number for each corporate officer.
- C. BUSINESS LOCATION** — Enter the California address and county where the business, as shown in Item A, is physically conducted. If more than one California location, list on a separate sheet and attach to this form. In Mailing Address, enter the address where EDD correspondence and forms should be sent. If this address is the same as the business location, enter "Same." Provide daytime business phone number.
- D. PRIOR REGISTRATION** — If any part of the ownership, as shown in Item B, is operating or has ever operated at another location, check "Yes" and provide account number, business name and address.
- E. WAGES** — Check the appropriate box when you first paid over \$100 in wages.
- F. PIT WITHHOLDING** — Check appropriate box. If you are not sure if you are subject to federal monthly/semi-weekly Personal Income tax deposits, contact your local Employment Tax Customer Service Office (ETCSO).
- G. ORGANIZATION TYPE** — Check the box which best describes the legal form of the ownership as shown in Item B.
- H. ALTERNATIVE FINANCING** — If you would like information on alternative methods of financing unemployment insurance, check the appropriate box, otherwise check NO.
- I. EMPLOYER TYPE** — Check the box which best describes the employer type. Enter total number of employees for the ownership as shown in Item B.
- J. ACTIVITY** — Briefly describe the non-profit activity your employing entity is engaged in.
- K. CONTACT PERSON** — Enter the name and phone number of the person authorized by the ownership shown in Item B to provide information to EDD staff.
- L. SUPPORTIVE SERVICES** — Check the box which best describes the supportive services provided by Item B.
- M. STATUS OF BUSINESS** — Check the box that best describes why you are completing this form. If the business was previously owned, provide owner and business name, purchase price, date ownership was transferred to this ownership and EDD account number.

N. DECLARATION — This declaration should be signed by one of the names shown in Item B.

NEED MORE HELP OR INFORMATION? Call Tax Status and Examination Group (TSEG) in Sacramento at (916) 654-7041 with questions regarding this form or the registration and account number assignment process. If you have questions about whether your business entity is subject to reporting and paying state payroll taxes, contact the nearest Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory under State Government, Employment Development Department or call the Sacramento ETCSO at (916) 255-1965.

Three options for obtaining a new employer account number are available: by mail, by calling (916) 654-7041 to obtain your account number over the phone, or by 24-hour FAX service at (916) 654-9211. All three options require that a registration form be completed and mailed to: Employment Development Department, Tax Status & Examination Group, MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001.

We will **notify** you of your **EDD Identification Number** by mail. To help you understand your tax withholding and filing responsibilities you will be sent a **California Employer's Guide, DE 44**. Please keep your account status current by notifying TSEG of all future changes to the original registration information.